

02-16-17;12:45PM;

;217-2

# 41/ 69

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Injury Report

Offender Name: JOHNSON ID#: B18840Age: 42 yrs Date of Birth: \_\_\_\_\_ Sex: M Race: \_\_\_\_\_Date of Injury: 3/10/14 Time of Injury: 6am ☒ am ☐ pm Location: cell house

How did the injury occur?

AltercationWas it witnessed by staff? ☒ No ☐ Yes (If yes, please list names)

## Location in facility:

- ☐ LTA (gym, basketball, football, etc.)
- ☐ Group (therapy)
- ☐ Housing Unit (cell, dayroom, tv room, etc.)
- ☐ School (classroom, library)
- ☐ Kitchen
- ☐ Other cell house

## Type of Injury:

- ☐ Sports
- ☐ Assault
- ☐ Job Related
- ☐ Non-Job Related
- ☐ Self-inflicted
- ☐ Fight

Whitman  
SignatureRN  
Title3/10/2014  
Date

(Medical Report on Reverse Side)

Dap XI  
7/11/17  
NCR

Side 1

Distribution: Offender Medical File

Printed on Recycled Paper

DOC 0313 (Eff. 07/2000)  
(Replaces DCA7111-1A1)

Jacksonville301

EXHIBIT B.1

02-16-17;12:45PM;

;217-2 [REDACTED]

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111

Offender Name: Johnson ID#: B18840Date of medical examination: 3/10/14 Time: 6:15am ☐ am ☐ pm Physician Contacted: ☐ Yes ☐ NoS (Subjective Findings): My cell mate stated I am snoring too loud and I said I cannot help it then he jump out of bed and started swinging on me.O (Objective Findings): I'm noted bleeding from both eyes. Assessment revealed lacerations on both eye lids.Vitals: T 98.7 P 119 R 16 BP 145/98 Tetanus \_\_\_\_\_

A (Evaluation of Injury): \_\_\_\_\_

P (Treatment and Follow-up): 5/4 2 MD

## Disposition of patient:

☐ Return to assignment ☐ Housing Unit ☐ Lay in ☐ Infirmary ☐ Segregation  
☐ Off-site referral for treatment (Destination) \_\_\_\_\_
Marvin Andrews

Print Name of Person Completing Form

Andrews

Signature

RM

Title

3/10/2014

Date

## To Be Completed By Physician

I have reviewed this report and would like to see this offender: ☒ Immediately ☐ Next Sick Call ☐ PRNDr. Aguilar

Print Physician Name

[Signature]

Physician's Signature

3-10-14

Date

Side 2

Distribution: Offender Medical File

Printed on Recycled Paper

DOC 0313 (E/R, 07/2008)  
(Replaces DCA7111-1A1)

Jacksonville302

EXHIBIT B.1